

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087466

1. Entity Name
DOB LEASING, INC.

FILED

02 NOV -8 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3730 TAMPA ROAD
PALM HARBOR FL 34684

Mailing Address
3730 TAMPA ROAD
PALM HARBOR FL 34684



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

02-07-02 90075 037 \$150.00

4. FEI Number

65-1134523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOUDREAU, DANIEL
3730 TAMPA ROAD
PALM HARBOR FL 34684

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
VPD
BOUDREAU, OLGA
3297 ROXMEERE DRIVE
PALM HARBOR, FLORIDA 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
PD
BOUDREAU, DANIEL J.
3297 ROXMEERE DRIVE
PALM HARBOR, FLORIDA 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

PATRICK K. FLANAGAN, CPA, P.A.

October 31, 2002

CERTIFIED MAIL

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: DOB Leasing, Inc.
Ein: 65-1134523
Document: P01000087466
Form UBR - Annual Report 2002

Attention: Mr. Sean Toner, Senior Section Administrator

Dear Mr. Toner:

Pursuant to our telephone conversation on Thursday October 24, 2002, I enclose information per your request.

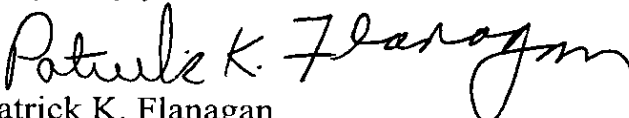
You instructed me to have the taxpayer fill out a new form and send it to your attention in order to reinstate this corporation. You stated further that the filing fee of \$ 150. was paid last January per your records and that previously filed forms should have been accepted.

Taxpayer will disregard Dissolution Correspondence recently received from the Division of Corporations office and will follow up in several weeks to confirm good standing.

Your cooperation and assistance is very much appreciated.

Should you have any questions with regard to the above, please do not hesitate to contact me at (813) 933-6826.

Very truly yours,


Patrick K. Flanagan

Certified Public Accountant

cc: Danny Boudreau, President